



In this issue...

- **staying healthy on vacation.**
- **What you need on vacation.**

You have the power within you to attract to yourself all that you could ever want.

- Wayne W. Dyer

Hints for Staying Healthy

(David J Sterken MN CPNP)

Enjoying your vacation requires that you remain healthy. Here are some “trip tips” for maintaining optimal health during summer travel.

- Normal saline nose drops – excellent way to keep your nasal passages moist during air travel or in dry climates.
- Hydration – consuming bottled water is an excellent means of staying hydrated. Remember that soda and alcohol are dehydrating and should be consumed judiciously.
- No antiretroviral drug is exempt from adverse effects, which usually manifest a few weeks following the initiation of

therapy, it is unsafe to travel soon after a change in antiretroviral therapy (Castelli & Patroni, 2000, p. 1407).

- Drug related recommendations about food and liquid intake may need adjustment during travel, and in hot climates fluid loss due to transpiration should be accounted for (Castelli & Patroni, 2000, p. 1407).
- Know about the drugs that should not be used with your antiretrovirals because of pharmacokinetic interactions (the Castelli & Patroni article has an excellent chart which identifies such drug interactions).
- Avoid having promiscuous sexual contacts while abroad to prevent spreading the infection (and possible drug-resistant strains) in

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HIV & Travel

(David J. Sterken MN CPNP)

I don't know about you, but I love to travel. Point me in the direction of sandy tropical beaches, romantic sunsets, crystal clear water, dolphins frolicking in the waves, and of course a resort with all the amenities and, “I'll see you in two weeks!” All I need is a towel, beach chair, a good book, lots of sunscreen, my swimsuit

(mind you not a bikini), my antiretrovirals and I am good to go – right? WRONG! Despite the fact that HIV is now more of a chronic condition and treatment regimes provide for many “stable” immune function, PREPARATION remains the “key” to successful travel. The HIV+ traveler is “prepared” when consideration is given to (1) infectious risk, (2) medication needs, and (3) preventative measures.

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Spring is upon us and with it comes the promise of new life. The morning air is filled with the melodies of the songbirds as they proclaim the dawning of a new day. Flowers bloom — filling the air with a sweet fragrance (and pollen for those who suffer allergies). The sunshine beckons us outdoors, its warmth welcomed as we bid good-bye to the chill of winter.

Greetings from the HIV + *Nurse* Committee of ANAC! Happy Spring! As the summer months are fast approaching some of you are probably pouring over maps and tour books planning that “perfect” summer vacation spot? In anticipation of your much needed rest we have prepared a couple of articles which may offer some food for thought when making your travel plans. Read on and send us a postcard!

Contact us...

One of the main goals of the HIV-Positive Nursing Committee and *+ Nurse* is to reach out to all HIV-Positive nurses, regardless of practice setting or organizational affiliation. You do not have to be a member of ANAC or an AIDS nurse to benefit from *+ Nurse*.

You can contact us at *+ Nurse*, c/o Association of Nurses in AIDS care, 80 S. Summit Street, 500 Courtyard Square, Akron Ohio 44308;
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Mark your calendars....

Fourteenth Annual Conference



Lighting the Future of HIV/AIDS Nursing

The 2001 conference is fast approaching just ask one of the committee members. Several speakers have been finalized, including Barbara Aranda-Narajo speaking on Policy, Loretta Sweet-Jermott speaking on Prevention, and Laurie Garrett (www.lauriegarrett.com), author of *The Coming Plague* and *Betrayal of Trust*, opening the conference as keynote. Keep watching the mail and web sites for more updates. We hope to see you there for this fun-filled educational offering.

HIV & Travel,
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Infectious Risk

Visit your doctor - Inform your physician of your intended destination

Airplane air (recirculated) – ask to be resealed if you are seated near a coughing person, while maintaining your anonymity

Call embassy/consulate to inquire about policy on tourism for HIV+ travelers (there are 150 countries that have adopted entry restrictions for travelers with HIV, with the aim of stopping the spread of the infection at their borders.

Airplane food: Don't eat anything unless it's hot

T cells < 200 cells/uL = substantial risk of infection when traveling

Immune status: Know your most recent viral load and CD4+ count

Only eat foods or fluids that have been heat treated (heat kills germs)

Neurotic – this is how you should be about food safety concerns

Medication Needs

Take – Don't forget your medication

Required amounts – always carry extra in the event that you lose a bottle

In – ALWAYS carry your medications with you in a carry on bag

Proper (“original”) containers – in destinations that are not HIV friendly you may need to be “creative”

Preventative Measures

Travel companion – take someone with you who could advocate for you if needed

Repellent (insect) – containing DEET

Appropriate medical kit (antibiotic prophylaxis, sunscreen, Tylenol, antiseptics, first aid equipment, condoms)

Vaccinations – all “live” vaccines are contraindicated (see below)

Emergency information – availability of HIV trained physicians (phone numbers), know the restrictions of your insurance policy (do you need extra travel insurance)

Letter summarizing clinical state and medical history

The need for immunization should be evaluated in all patients with HIV infection who travel. It is not recommended to administer live vaccine (i.e. yellow fever) to travelers with immune deficiency. Kemper et al (1997) states that “at a minimum, people with HIV disease should be current on their diphtheria-tetanus, influenza, and pneumococcal vaccines.” When traveling to developing countries it is also important to know your immune status to diseases like polio, measles, hepatitis A, and hepatitis B as coinfection with any of these diseases has the propensity to produce significant complications in the HIV infected traveler. Castelli and Patroni (2000) make the following recommendations regarding vaccinations for travelers with HIV (see page 4).

Successful travel on your part requires forethought and PREPARATION. Have a safe summer and remember a little advanced planning on your part may save you a lot of hassle in the long run.

What is your particular quest? For what are you leaning forward? There is something wonderfully exciting about reaching into the future with excited anticipation, and those who pursue new adventure through life stay younger

Vaccine	Recommendations
Cholera	Live oral vaccine is contraindicated; use killed (oral or parental) vaccine if substantial risk exists
Diphtheria	Use whenever indicated
Influenza	Recommended
<i>Hemophilus influenza</i> type B	Early vaccination is recommended
Hepatitis A	Vaccination is recommended for travelers to areas of endemicity
Hepatitis B	Early vaccination is recommended; check serotiters
Japanese encephalitis	Use if substantial risk exists
Measles	Avoid vaccination unless there is high risk of exposure; avoid vaccination if CD4 ⁺ cell count is < 200 cells/uL
<i>Neisseria meningitis</i>	Use when indicated, particularly for splenectomized subjects traveling to “meningitis belt,” Umrah, Hadj
Poliomyelitis	Live oral vaccine (OPV) is contraindicated (also for close contacts); use killed parenteral vaccine (IPV) if substantial risk exists
Streptococcal pneumonia	Recommended in many countries
Rabies	Use if substantial risk exists
Tetanus	Use whenever indicated
Tickborne encephalitis	Use if substantial risk exists
Tuberculosis	Use of BCG is contraindicated
Typhoid fever	Live oral vaccine is contraindicated; use Vi parenteral vaccine if exposure is likely
Yellow fever	Vaccination should be considered only for HIV ⁺ travelers with CD4 cell count > 200 cells/uL who are exposed to substantial risk

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*Hints for Staying Healthy,
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the host country and to avoid new infection with a different HIV strain that may accelerate the disease course or eliminate possible therapeutic options (Castelli & Patroni, 2000, p. 1404).

- Seek medical advice immediately if you become ill. Having a list of medical services and names of HIV savvy doctors along the way will aid this process – remember PREPARATION is the key.
- Carry a copy of your prescriptions separately from your medication in case your medication is lost or stolen
- Don't eat anything on the airplane unless it is hot!
- Taking your food with you saves quite a lot of headache. Your major expense may be buying the ice (Jensen, 1995). Canned fruits won't rot and you don't need ice. Don't forget the can opener!
- Yogurt, multi-packs of chips, and trail mix make good snacks!
- Water safety is a MUST! If you don't have access to bottled water, boil your own. Expect that the water from the tap is deadly!

*You are never
given a wish
without also
being given
the power to
make it true.*

- Richard Bach

Oops!

Despite all the keen eyes that read and reread this newsletter before it goes to print in our last edition we had a couple of errors. The brand name for nelfinavir is Viracept (not "iracept") and the brand name for abacavir is Ziagen (not Zigen).

- Use bottled water to brush your teeth.
- Don't forget that ice is nothing more than frozen water.
- All meat should be well done (heat kills germs).
- Fish should be flaky. If there's even one little "soft spot" it's too suspicious to eat.
- Be especially careful about ground meat like hamburger.
- Assume poultry, in developing countries, has been stored and/or prepared un-hygienically (if there is the tiniest bit of pink by the bone – send it back).

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We as a committee would love to hear from you. Do you have ideas for articles? We would welcome anyone who would like to submit an article. Deadline for our next publication date is September 1, 2001. Let us know if you are interested in writing an article.

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